

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
:  
KISSINGER N. SIBANDA,  
:

Plaintiff,  
:

-v-  
:

DAVID ELISON et al.,  
:

Defendants.  
:  
-----X

23-CV-5752 (JMF)

MEMORANDUM OPINION  
AND ORDER


JESSE M. FURMAN, United States District Judge:

Plaintiff Kissinger N. Sibanda filed a motion with the United States Court of Appeals for the Second Circuit to proceed *in forma pauperis*, which the Court of Appeals then transferred to this Court. *See* ECF Nos. 169-170. “Leave to proceed in forma pauperis may be granted ‘in any suit, action or proceeding, civil or criminal, or appeal therein’ to a litigant who ‘submits an affidavit that includes a statement of all assets such [person] possesses that the person is unable to pay such fees or give security therefor.’” *Fridman v. City of New York*, 195 F. Supp. 2d 534, 536 & n.1 (S.D.N.Y. 2002) (quoting 28 U.S.C. § 1915(a)(1)); *accord United Parcel Serv. of Am., Inc. v. The Net, Inc.*, 470 F. Supp. 2d 190, 193 (E.D.N.Y. 2007). Sibanda’s motion fails to meet these requirements, as it does not include “a statement of *all assets*” he possesses. Accordingly, Sibanda’s motion is DENIED without prejudice to renewal. If Sibanda files a new motion, the Court encourages him to use the form available for applications to proceed *in forma pauperis* on the Court’s website at <https://nysd.uscourts.gov/node/838>, a copy of which is attached as well.

The Clerk of Court is directed to terminate ECF No. 170.

SO ORDERED.

Dated: December 13, 2024  
New York, New York

  
\_\_\_\_\_  
JESSE M. FURMAN  
United States District Judge

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(full name of the plaintiff or petitioner applying (each person  
must submit a separate application))

-against-

CV \_\_\_\_\_ ( ) ( )

(Provide docket number, if available; if filing this with  
your complaint, you will not yet have a docket number.)

\_\_\_\_\_  
(full name(s) of the defendant(s)/respondent(s))

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

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Dated

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Signature

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Name (Last, First, MI)

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Prison Identification # (if incarcerated)

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Address

---

City

---

State

---

Zip Code

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Telephone Number

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E-mail Address (if available)